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APPLICANTS

Dylan S. Van Atta, Portland, OR;

Robert Barnette, Portland, OR;

Robert M. Bruce, Portland, OR; Mark J. Eastwood, Kentfield, CA;

** CONTINUING DATA *None HM* *****

** FOREIGN APPLICATIONS *None HM* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 4	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Huik Mai</i> Examiner's Signature Initials				

ADDRESS

22910
 BANNER & WITCOFF, LTD.
 28 STATE STREET
 28th FLOOR
 BOSTON, MA
 02109-9601

TITLE

EYEWEAR WITH REPLACEABLE LENS

FILING FEE RECEIVED 1938	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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